

# Missouri Bureau of Vital Records

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## Medical Certifier Training Guide



Missouri Department of Health & Senior Services  
930 Wildwood Drive  
Jefferson City, MO 65109

Revised: July 23, 2021

## Medical Certifier

In Missouri, medical certifiers are those who provide information about the cause and manner of someone's death and certify a death record. The Missouri Electronic Vital Records (MoEVR) system, operated by the Missouri Department of Health and Senior Services – Bureau of Vital Records, exists to support the electronic registration of vital records, such as death certificates, in Missouri.

Specific data providers including funeral directors, attending physicians, medical examiners, coroners, among others, are granted access to MoEVR to aid in the collection and registration of the data necessary to file a vital record in Missouri.

A medical certifier may be a:

- Advanced practice registered nurse (APRN)
- Assistant physician (AP)
- Medical examiner or coroner
- Physician assistant (PA)
- Physician (MD/DO)

Medical certifiers fulfill an important final step in completing a patient's care by providing cause of death for the death certificate. Families use these permanent legal records to settle the affairs of their loved ones and to obtain insurance, veteran, and retirement benefits, among other legal or personal purposes.

The cause of death on a death certificate is an invaluable source of information for state and national mortality statistics and helps guide decisions on which medical conditions receive research and development funding, sets public health goals, and allows the measurement of health statuses across local, state, national, and international levels.

A properly completed cause-of-death section provides an etiologic explanation of the order, type, and association of events resulting in death.

Public health data derived from death certificates is no more accurate than the information provided on the certificate. Therefore, ensuring these records are completed as accurately as possible is critical.

## Training Resources

### National Center for Health Statistics – Training and Instructional Materials

(<https://www.cdc.gov/nchs/nvss/training-and-instructional-materials.htm>)

### Missouri Electronic Vital Records (MoEVR) Training and Support

(<https://health.mo.gov/data/vitalrecords/training/index.php>)

## National Vital Statistics System

In the United States, the legal authority to register deaths lies within 57 jurisdictions (50 states, 2 cities, and 5 territories). The 57 jurisdictions share death record information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national mortality statistics inform a variety of medical and health-related research efforts.

Local and state public health agencies use information from the death record to assess community health status and for disease surveillance (e.g., drug overdose deaths, influenza, and other infectious diseases).

## Why Go Electronic?

The benefits of being an electronically registered certifier in MoEVR include:

- Gain compliance with state law
- Quickly electronically certify a death certificate anywhere, anytime
- Real-time prompts, edits, and validations including mortality focused spellchecking, rare word identification, abbreviation validation, ICD code determination, medical edits, surveillance, rare cause, ill-defined/trivial cause, among other powerful validations
- Reduced registration lag times and decreased possibility of loss, theft, and fraud

## Contact Bureau of Vital Records

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record data providers. Field staff can also arrange for telephone/web conference training calls.

If you are a vital record data provider (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, etc.) and would like to request a personalized training session or gain access to MoEVR, please **call 573-751-6387, option 4.**

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
CERTIFICATE OF DEATH

STATE FILE NUMBER

124 -

VS 300 MO 580-2211 (1-10)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                       |  | 2. SEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE                                                                                                                                                         |  | 4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                     |  |
| 5. SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6a. AGE - Last Birthday (Years)                                                                                                                                                                                                                                       |  | 6b. UNDER 1 YEAR MONTHS DAYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 6c. UNDER 1 DAY HOURS MINUTES                                                                                                                                                                           |  | 7. DATE OF BIRTH (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 8. BIRTHPLACE (City and State or Foreign Country)                                   |  |
| 9a. RESIDENCE (COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                       |  | (STATE, TERRITORY or PROVINCE)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                         |  | 9b. COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 9c. CITY, TOWN, OR LOCATION                                                         |  |
| 9d. STREET AND NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 9e. APARTMENT NO.                                                                                                                                                                                       |  | 9f. ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 9g. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 10. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 11. MARITAL STATUS AT TIME OF DEATH<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed<br><input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 13. FATHER'S NAME (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 15a. INFORMANT'S NAME (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                       |  | 15b. RELATIONSHIP TO DECEDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| <b>16. PLACE OF DEATH (Check only one: see instructions.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| <b>IF DEATH OCCURRED IN A HOSPITAL</b><br><input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                       |  | <b>IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL</b><br><input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 17. FACILITY NAME (If not institution, give street and number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |  | 18. CITY OR TOWN, STATE AND ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                         |  | 19. COUNTY OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                     |  |
| 20a. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment<br><input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |  | 20b. DATE OF DISPOSITION (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)                                                                                                                                     |  | 22. LOCATION (City or Town, State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                     |  |
| 23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                       |  | 24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                         |  | 25. FUNERAL ESTABLISHMENT LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                     |  |
| 26. ACTUAL OR PRESUMED TIME OF DEATH<br>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                       |  | 27. WAS MEDICAL EXAMINER/CORONER CONTACTED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| <b>CAUSE OF DEATH (See instructions and examples in handbook)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Approximate interval :<br>Onset to Death                                            |  |
| 28. <b>PART I</b> Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of):<br>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> .<br>b. _____<br>c. _____ Due to (or as a consequence of):<br>d. _____                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| <b>PART II.</b> Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 31. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                       |  | 32. IF FEMALE<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year                                                                                                                     |  |                                                                                                                                                                                                         |  | 33. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                     |  |
| 34. DATE OF INJURY (Month, Day, Year) (Spell Month)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                       |  | 35. TIME OF INJURY<br>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          |  | 36. PLACE OF INJURY (e.g., decedent's home; construction site; restaurant; wooded area)                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 37. INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
| 38a. LOCATION OF INJURY - STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 38b. COUNTY                                                                                                                                                                                                                                                           |  | 38c. CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 38d. STREET AND NUMBER                                                                                                                                                                                  |  | 38e. ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                     |  |
| 39. DESCRIBE HOW INJURY OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 40. IF TRANSPORTATION ACCIDENT (SPECIFY)<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify) |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 41. CERTIFIER (CHECK ONLY ONE)<br><input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.<br><input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| SIGNATURE ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 43. TITLE OF CERTIFIER                                                              |  |
| 44. CERTIFIER MO LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |  | 45. CERTIFIER NPI NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                         |  | 46. DATE CERTIFIED (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                     |  |
| 47. REGISTRAR'S SIGNATURE<br>▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year)                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |
| 49. DECEDENT'S EDUCATION<br>(Check the box that best describes the highest degree or level of school completed at time of death.)<br><input type="checkbox"/> 8th grade or less<br><input type="checkbox"/> 9th - 12th grade; no diploma<br><input type="checkbox"/> High school graduate or GED completed<br><input type="checkbox"/> Some college credit, but no degree<br><input type="checkbox"/> Associate degree (e.g., AA, AS)<br><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)<br><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)<br><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) |  |                                                                                                                                                                                                                                                                       |  | 50. DECEDENT OF HISPANIC ORIGIN?<br>(Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.)<br><input type="checkbox"/> No, not Spanish/Hispanic/Latino<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ |  |                                                                                                                                                                                                         |  | 51. DECEDENT'S RACE<br>(Check one or more races to indicate what the decedent considered himself or herself to be.)<br><input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) _____<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Samoan<br><input type="checkbox"/> Chinese <input type="checkbox"/> Other Pacific Islander (Specify) _____<br><input type="checkbox"/> Filipino <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Japanese <input type="checkbox"/> Unknown<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese |  |                                                                                     |  |
| 52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED".)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 53. KIND OF BUSINESS/INDUSTRY                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                     |  |

☐ EMBALMED ☐ NOT EMBALMED

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the deceased named above was embalmed by me, \_\_\_\_\_ (Name and Licensee Number)  
or by student \_\_\_\_\_ (Name and Licensee Number) on \_\_\_\_\_ (Date) working under my personal supervision.

City or Town \_\_\_\_\_ State \_\_\_\_\_

NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.

Date Certified (Month, Day, Year) \_\_\_\_\_

Boxes Completed by Medical Certifier

## Death Certificate Electronic System

**193.145.** 1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants, assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section [193.265](#) within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process. However, should the person or entity that certifies the cause of death not be part of, or does not use, the electronic death registration system, the funeral director or person acting as such may enter the required personal data into the electronic death registration system and then complete the filing by presenting the signed cause of death certification to the local registrar, in which case the local registrar shall issue death certificates as set out in subsection 2 of section [193.265](#). Nothing in this section shall prevent the state registrar from adopting pilot programs or voluntary electronic death registration programs until such time as the system can be certified; however, no such pilot or voluntary electronic death registration program shall prevent the filing of a death certificate with the local registrar or the ability to obtain certified copies of death certificates under subsection 2 of section [193.265](#) until six months after such certification that the system is operational.

2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

- (1) The personal data from the next of kin or the best qualified person or source available;
- (2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and
- (3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician, physician assistant, assistant physician, advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The person authorized to complete the medical certification may, in writing, designate any other person to enter the medical certification information into the electronic death registration system if the person authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. Any persons completing the medical certification or entering data into the electronic death registration system shall be immune from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.

6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.

7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall complete and attest to the accuracy either by signature or an approved electronic process the medical certification within seventy-two hours after taking charge of the case.

8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director, or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a

court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under [chapters 334](#) and [335](#) of the requirements regarding the use of the electronic vital records system provided for in this section.

(2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.

## **Delayed Filing**

**193.155.** 1. When a death occurring in this state has not been registered within the time period described by section 193.145, a certificate of death may be filed in accordance with department rules. Such certificate shall be registered subject to such evidentiary requirements as the department shall prescribe to substantiate the alleged facts of death.

2. Certificates of death registered one year or more after the date of death shall be marked "Delayed" and shall show on their face the date of the delayed registration.

## **Death to be Reported and Investigated by Coroner**

58.451. Death to be reported and investigated by coroner, certain counties, procedure — place of death, two counties involved, how determined — efforts to accommodate organ donation. — 1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable ground to believe that such person died as a result of:

(1) Violence by homicide, suicide, or accident;

(2) Criminal abortions, including those self-induced;

(3) Some unforeseen sudden occurrence and the deceased had not been attended by a physician during the thirty-six-hour period preceding the death;

(4) In any unusual or suspicious manner;

(5) Any injury or illness while in the custody of the law or while an inmate in a public institution;



the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the coroner or deputy coroner shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death, including whether by the act of man, and the manner of death. The coroner or deputy coroner may take the names and addresses of witnesses to the death and shall file this information in the coroner's office. The coroner or deputy coroner shall take possession of all property of value found on the body, making exact inventory of such property on the report and shall direct the return of such property to the person entitled to its custody or possession. The coroner or deputy coroner shall take possession of any object or article which, in the coroner's or the deputy coroner's opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

View full [statute](#) for additional guidance.

## **Child's Death Reported to Coroner**

**58.452.** Child's death under age eighteen, notice to coroner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by coroner, penalty. –

1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable grounds to believe that such person was less than eighteen years of age, who is eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official, health practitioner or hospital or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. The coroner shall notify the division of the child's death pursuant to section 210.115. The coroner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review pane. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section 210.194.

2. If the coroner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the coroner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team and have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth dies, the coroner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the coroner, shall determine the need for an autopsy. If there is a disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a coroner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 Aug 1994

## **Medical Examiner Investigates**

**58.720.** Medical examiner, certain counties, to investigate, when –death certificate issued, when – place of death – two counties involved, how determined – efforts to accommodate organ donation. –

1. When any person dies within a county having a medical examiner as a result of:

- (1) Violence by homicide, suicide, or accident;
- (2) Thermal, chemical, electrical, or radiation injury;
- (3) Criminal abortions, including those self-induced;
- (4) Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health; or when any person dies:
  - (a) Suddenly when in apparent good health;
  - (b) When unattended by a physician, chiropractor, or an accredited Christian Science practitioner, during the period of thirty-six hours immediately preceding his death;
  - (c) While in the custody of the law, or while an inmate in a public institution;
  - (d) In any unusual or suspicious manner;

the police, sheriff, law enforcement official or official, or any person having knowledge of such a death shall immediately notify the office of the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the medical examiner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death. He may take the names and addresses of witnesses to the death and shall file this information in his office. The medical examiner or his designated assistant shall take possession of all property of value found on the body, making exact inventory thereof on his report and shall direct the return of such property to the person entitled to its custody or possession. The medical examiner or his designated assistant shall take possession of any object or article which, in his opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, the first licensed medical professional or law enforcement official learning of such death shall contact the county medical examiner. Immediately upon receipt of such notification, the medical examiner or the medical examiner's deputy shall make a determination if further investigation is necessary, based on information provided by the individual contacting the medical examiner, and immediately advise such individual of the medical examiner's intentions.
3. Notwithstanding the provisions of subsection 2 of this section to the contrary, when a death occurs under the care of a hospice, no investigation shall be required if the death is certified by the treating physician of the deceased or the medical director of the hospice as a natural death due to disease or diagnosed illness. The hospice shall provide written notice to the medical examiner within twenty-four hours of the death.
4. In any case of sudden, violent or suspicious death after which the body was buried without any investigation or autopsy, the medical examiner, upon being advised of such facts, may at his own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.
5. The medical examiner shall certify the cause of death in any case where death occurred without medical attendance or where an attending physician refuses to sign a certificate of death, and may sign a certificate of death in the case of any death.
6. When the cause of death is established by the medical examiner, he shall file a copy of his findings in his office within thirty days after notification of the death.
7. (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility, the place which the person is determined to be dead shall be considered the place of death and the county coroner or the medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.
  - (2) The coroner or medical examiner in the county in which the person is determined to be dead may, with authorization of the coroner or medical examiner from the transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the transferring county. The coroner or medical examiner from the transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
  - (3) Such coroner or medical examiner, or the county where a person is determined to be dead, shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person and shall make available information and records obtained for investigation of death.
  - (4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the

cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

8. There shall not be any statute of limitations or time limits on cause of death when death is the final result or determined to be caused by homicide, suicide, accident, criminal abortion including those self-induced, child fatality, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead, but the final investigation of death determining the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

9. Except as provided in subsection 6 of this section, if a person dies in one county and the body is subsequently transferred to another county, for burial or other reasons, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of death.

10. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to organ donation.

(L. 1973 S.B. 122 §§ 7, 8, A.L. 1989 S.B. 389, A.L. 1990 H.B. 1416, A.L. 1996 H.B. 811, A.L. 2008 S.B. 1139, A.L. 2020 H.B. 2046)

## **Child's Death Reported to Medical Examiner**

**58.722.** Child's death under age eighteen, notice to medical examiner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by medical examiner, penalty. –

1. When any person dies within a county having a medical examiner and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. The medical examiner shall notify the division of the child's death pursuant to section [210.115](#). The medical examiner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review panel. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section [210.194](#).

2. If the medical examiner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the medical examiner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team, have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth, dies, the medical examiner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the medical examiner, shall determine the need for an autopsy. If there is disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a medical examiner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 August 1994

## Cause of Death Instructions – Completing a Certificate of Death

Accurate cause of death information is important:

- to the public health community in evaluating and improving the health of all citizens, and
- often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the immediate cause of death (the final disease, injury, or complication directly causing death) on line a and the underlying cause of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in Part I. The cause-of-death information should be YOUR best medical OPINION. A condition can be listed as "probable" even if it has not been definitively diagnosed.

### Part I (Chain of events leading directly to death)

- Only one cause should be entered on each line. Line (a) MUST ALWAYS have an entry. DO NOT leave blank. Additional lines may be added if necessary.
- If the condition on Line (a) resulted from an underlying condition, put the underlying condition on Line (b), and so on, until the full sequence is reported. ALWAYS enter the underlying cause of death on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. DO NOT leave blank.
- The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure due to Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)

- Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism).

## **PART II (Other significant conditions)**

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death. Z
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

## **MANNER OF DEATH**

- Always check Manner of Death, which is important: 1) in determining accurate causes of death; 2) in processing insurance claims; and 3) in statistical studies of injuries and death.
- Indicate “Pending investigation” if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other term.

## **ACCIDENT OR INJURY – to be filled out in all cases of deaths due to injury or poisoning.**

- Remember, the date of injury may differ from the date of death. Estimates may be provided with “Approx.” placed before the date.
- Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. DO NOT enter firm or organization names. (For example, enter “factory”, not “Standard Manufacturing, Inc.”)
- Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths.
- Injury at work must be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter “Yes” if the injury occurred at work. Otherwise enter “No”. An injury may occur at work regardless of whether the injury occurred in the course of the decedent’s “usual” occupation. Examples of injury at work and injury not at work follow:

### **Injury at work**

- Injury while working or in vocational training on job premises
- Injury while on break or at lunch or in parking lot on job premises

- Injury while working for pay or compensation, including at home
- Injury while working as a volunteer law enforcement official etc.
- Injury while traveling on business, including to/from business contacts

**Injury not at work**

- Injury while engaged in personal recreational activity on job premise
  - Injury while a visitor (not on official work business) to job premises
  - Homemaker working at homemaking activities
  - Student in school
  - Working for self for no profit (mowing yard, repairing own roof, hobby)
  - Commuting to or from work
- 
- Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify type of gun or type of vehicle (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.
  - Specify role of decedent (e.g. driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g. surfers).



## National Examples of Properly Completed Medical Certifications

| CAUSE OF DEATH (See instructions and examples)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | Approximate interval:<br>Onset to death                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>32. <b>PART I.</b> Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----&gt; resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the</p> <p><b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b></p> |                                  |                                                                                                                                                                                                                                                         |
| a. <u>Rupture of myocardium</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Due to (or as a consequence of): | <u>Minutes</u>                                                                                                                                                                                                                                          |
| b. <u>Acute myocardial infarction</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Due to (or as a consequence of): | <u>6 days</u>                                                                                                                                                                                                                                           |
| c. <u>Coronary artery thrombosis</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due to (or as a consequence of): | <u>5 years</u>                                                                                                                                                                                                                                          |
| d. <u>Atherosclerotic coronary artery disease</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Due to (or as a consequence of): | <u>7 years</u>                                                                                                                                                                                                                                          |
| <p><b>PART II.</b> Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p>Diabetes, Chronic obstructive pulmonary disease, smoking</p>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | <p>33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| CAUSE OF DEATH (See instructions and examples)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | Approximate interval:<br>Onset to death                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>32. <b>PART I.</b> Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----&gt; resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the</p> <p><b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b></p> |                                  |                                                                                                                                                                                                                                              |
| a. <u>Acute respiratory acidosis</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Due to (or as a consequence of): | <u>3 days</u>                                                                                                                                                                                                                                |
| b. <u>COVID-19</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Due to (or as a consequence of): | <u>1 week</u>                                                                                                                                                                                                                                |
| c. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Due to (or as a consequence of): | _____                                                                                                                                                                                                                                        |
| d. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Due to (or as a consequence of): | _____                                                                                                                                                                                                                                        |
| <p><b>PART II.</b> Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p>Chronic obstructive pulmonary disease, hypertension</p>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | <p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

## Common Problems in Death Certification

An **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

An **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother's abdomen).

When **Sudden Infant Death Syndrome (SIDS)** is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

## **Causes of Death Reported to Medical Examiner/Coroner**

Any death suspected of being caused by injury must be reported to the coroner, even if the injury occurred days, weeks, months, or years before the death. Even if an injury only contributes to an otherwise natural death, the death should still be reported. Reportable injuries include:

1. Falls
2. Blunt force or crushing injuries
3. Sharp force (cutting, stabbing, or chopping) injuries
4. Injuries from firearms (handguns, rifles, shotguns, or other)
5. Explosion
6. Electrocutions and lightning strikes
7. Asphyxia (suffocation, strangulation, hanging, exclusion of oxygen, poisoning by gases [carbon monoxide, poisoning by cyanide, or other])
8. Vehicular accidents (automobile, bus, railroad, motorcycle, bicycle, boat, aircraft, or other craft) including deaths of drivers, passengers, pedestrians, or non-occupants involved in the accidents
9. Drowning
10. Weather-related injuries (lightning, heat or cold exposure, tornado, or other)
11. Drug use, prescription or illicit
12. Poisoning or chemical ingestions
13. Burns (chemical, thermal, radiation, electrical, etc.)
14. Criminal abortions, including those self-induced (these include maternal or fetal deaths that may be caused from illegal interference with the pregnancy or from criminal activity)
15. Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health. (These include deaths caused by acute rapidly fatal illnesses, such as fulminant meningitis. Any death caused by highly infectious agents capable of causing an epidemic should be reported.) **Note:** Deaths due to Acquired Immunodeficiency Syndrome (AIDS) are usually not reportable.
16. Deaths that occur during employment or that are related to employment or deaths that occur in public places, such as buildings, streets, parks, or other similar areas must be reported.
17. When any person dies suddenly:
  - a. When in apparent good health. These deaths include:
    - i. Sudden and unexpected deaths
    - ii. Deaths for which the attending physicians cannot supply adequate or reasonable explanations
    - iii. Person found dead without obvious causes of death

- b. When unattended by a physician, chiropractor, or an accredited Christian Science Practitioner, during the thirty-six hours that immediately precedes the death. **Note: Missouri Vital Records rules and statutes do not include a twenty-four hour time period in relation to reporting deaths due to trauma, unusual, sudden, or suspicious manner.** A death occurring less than twenty-hour hours after hospital admission is not necessarily reportable, such as hospice or terminally ill cases.
- c. While in the custody of the law, or while an inmate in a public institution.
  - i. All deaths occurring in correctional institutions, reformatories, or other incarceration or detention areas are reportable.
  - ii. Deaths of persons under police custody or police hold, regardless of the probable cause and manner are also reportable.
- d. Deaths occurring in any unusual or suspicious manner. The following are also reportable:
  - i. Deaths while under anesthesia, during the post-anesthetic period, or during induction of anesthesia, regardless of the interval between the original incident and the death.
  - ii. Deaths during or following diagnostic or therapeutic procedures, if the deaths might be related to the procedures or the complications resulting from the procedures.
  - iii. Deaths occurring under unknown circumstances, when there are no witnesses, or where there is little or no information concerning previous medical histories.
  - iv. Deaths in which the treating physicians are unavailable or are unwilling to certify the cause of death.
  - v. Whenever anatomic material suspected of being a part of a human body is found, such as bones, human organs, fetal parts, placentas, etc.

## **B. Who reports the death?**

“The police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death. Immediately upon receipt of notification, the coroner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical cause of death.”

## **C. What about child deaths?**

“When any person dies within a county and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official or any person having knowledge of such death shall immediately notify the coroner of known facts concerning the time, place, manner and circumstances of the death. Under Missouri law, all child deaths, involving individuals below the age of eighteen years, must be reported.”

## **D. Who signs the death certificate?**

The coroner or his deputy signs the death certificates in all cases where he/she has assumed jurisdiction. A private physician should sign the death certificate of his patient only if the patient has been under the care of this physician and the patient has died of natural causes. After receiving notification of a death and performing an initial investigation, the coroner or his deputy may elect to decline jurisdiction of the death if manner of death is determined to be natural. In that situation, the private physician may sign the death certificate.

### III Defined/Insufficient Terms for Cause of Death

Although records may be registered with the following terms as cause of death, they are in themselves insufficient and considered ill-defined unless etiology is also listed. **Additional information about the etiology should also be reported.**

If **etiology is unable to be determined**, state below the term on the certificate: unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The Bureau of Vital Records will attempt to collect additional information for ill-defined causes of death. Once a record is registered, this information can only be added or changed by the medical certifier through the Correction Affidavit process.

|                                     |                                 |                                          |
|-------------------------------------|---------------------------------|------------------------------------------|
| Abscess                             | Brain injury                    | Convulsions                              |
| Abdominal hemorrhage                | Brain stem herniation           | Decubiti                                 |
| Adhesions                           | Carcinogenesis                  | Dehydration                              |
| Adult respiratory distress syndrome | Carcinomatosis                  | Dementia (when not otherwise specified)  |
| Acute myocardial infarction         | Cardiac arrest                  | Diarrhea                                 |
| Altered mental status               | Cardiac dysrhythmia             | Disseminated intra vascular coagulopathy |
| Anemia                              | Cardiomyopathy                  | Dysrhythmia                              |
| Anoxia                              | Cardiopulmonary arrest          | End-stage liver disease                  |
| Anoxic encephalopathy               | Cellulitis                      | End-stage renal disease                  |
| Arrhythmia                          | Cerebral edema                  | Epidural hematoma                        |
| Ascites                             | Cerebrovascular accident        | Exsanguination                           |
| Aspiration                          | Cerebellar tonsillar herniation | Failure to thrive                        |
| Atrial fibrillation                 | Chronic bedridden state         | Fracture                                 |
| Bacteremia                          | Cirrhosis                       | Gangrene                                 |
| Bedridden                           | Coagulopathy                    | Gastrointestinal hemorrhage              |
| Biliary obstruction                 | Compression fracture            | Heart failure                            |
| Bowel obstruction                   | Congestive heart failure        |                                          |

|                                  |                                   |                          |
|----------------------------------|-----------------------------------|--------------------------|
| Hemothorax                       | Myocardial infarction             | Seizures                 |
| Hepatic failure                  | Necrotizing soft-tissue infection | Sepsis                   |
| Hepatitis                        | Old age                           | Septic shock             |
| Hepatorenal syndrome             | Open (or closed) head injury      | Shock                    |
| Hyperglycemia                    | Paralysis                         | Starvation               |
| Hyperkalemia                     | Pancytopenia                      | Subdural hematoma        |
| Hypovolemic shock                | Perforated gallbladder            | Subarachnoid hemorrhage  |
| Hyponatremia                     | Peritonitis                       | Sudden death             |
| Hypotension                      | Pleural effusions                 | Thrombocytopenia         |
| Immunosuppression                | Pneumonia                         | Uncal herniation         |
| Increased intra cranial pressure | Pulmonary arrest                  | Urinary tract infection  |
| Intra cranial hemorrhage         | Pulmonary edema                   | Ventricular fibrillation |
| Malnutrition                     | Pulmonary embolism                | Ventricular tachycardia  |
| Metabolic encephalopathy         | Pulmonary insufficiency           | Volume depletion         |
| Multi-organ failure              | Renal failure                     |                          |
| Multi-system organ failure       | Respiratory arrest                |                          |

## Vital Records Frequently Asked Questions (FAQs)

A list of answers to the most commonly asked vital records questions can be found at: <https://health.mo.gov/data/vitalrecords/faqs.php>

If you have additional questions, feel free to reach out to the Bureau of Vital Records via email at [VitalRecordsInfo@health.mo.gov](mailto:VitalRecordsInfo@health.mo.gov) or call 573-751-6387.

### Instructions for Correcting a Birth, Death, or Fetal Death Certificate by an Affidavit for Correction

**PRINT** or **TYPE** all information identifying the certificate and the item(s) to be corrected. The original and fully completed affidavit (not a copy) must be submitted and be free of erasures, write-overs, and/or white-out. Some items are related and correcting one item may require the correction of other related items.

The following information is general guidance for completing an Affidavit for Correction (correction affidavit). **For additional instructions**, see [19 CSR 10-10](#) or contact the Bureau of Vital Records at 573-751-6387.

#### **Fees**

There is no fee to process a correction affidavit. Processing a court order requires a \$15.00 fee. For any new copies of the revised certificate, the standard \$15.00 fee per birth certificate or fetal death/still birth and \$14.00 fee (\$11 additional copies) per death certificate will apply.

#### **Notary**

All affidavits must always be signed in the presence of a notary public by an individual legally authorized, per [19 CSR 10-10](#), to make the correction.

#### **Who Can Amend a Vital Record**

To amend a **birth certificate**, depending on what is being corrected, application may be made by one (1) of the parents, the legal guardian, the registrant, if of legal age, or the individual responsible for the filing of the certificate. The mother's first, middle, and maiden name on a birth record can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage license or a certified statement of marriage from the recorder of deeds' office. The **medical information** on a birth certificate can be changed **only** by the medical certifier or personnel of the institution responsible for filing the certificate. For additional birth correction information, see [19 CSR 10-10](#).

To amend a **death certificate** by affidavit, application may be made by the informant or the funeral director or person acting for the funeral director on the following items: decedent's first name,

decedent's middle name, decedent's sex, decedent's date of death (affidavit of funeral home representative or certifier only), decedent's Social Security number, decedent's age, decedent's month of birth, decedent's day of birth, was decedent ever in United States armed forces?, place of death, marital status, surviving spouse's name (see [19 CSR 10-10.110](#), paragraph (2)(A)8), decedent's usual occupation and kind of business or industry, decedent's residence, decedent's origin and race, decedent's education, father's first name, father's middle name, mother's first name, mother's middle name. Informant's name, informant's mailing address, disposition information, name and address of funeral home and funeral establishment license number can be amended only by affidavit of funeral home representative. The **medical information** on a death certificate can be changed **only** by the medical certifier, coroner, or medical examiner who certified the cause of death. A funeral director or other person acting as such cannot change medical information.

To amend a **fetal death/still birth certificate**, application may be made by informant, coroner, medical examiner, or personnel from the hospital, clinic, or funeral home who prepared the certificate. Except for medical information, the amendment process is the same as for a birth or death certificate. The **medical information** can be changed **only** by the medical certifier, coroner, medical examiner, or personnel of the institution responsible for filing the certificate. **Cause of death information** can be changed **only** by the medical certifier, coroner, or medical examiner. To correct all other items on a fetal death certificate, documentary evidence considered necessary to preserve the integrity of the certificate shall be required.

### **Documentary Evidence**

To correct an item(s) on a certificate, documentary evidence necessary to preserve the integrity of the certificate shall be required. Depending on the number of items to be corrected, more than one (1) document may be required. Generally, original documents are not required and copies/photocopies are acceptable. However, some changes require a certified copy of the documentation.

The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

Documentary evidence which supports the alleged facts shall be a filed document which shows, as a minimum, the correct full name and correct age or date of birth, and shall have been filed at least **five (5) years** prior to the date of application for the amendment.

A filed document is defined as a record which is **permanently maintained** by an agency, organization, or business and is accessible for verification at a later date. The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

### **Suggested Documents**

The following list of suggested documents are possible examples. Other similar documents may also be acceptable. Not all suggested documents may be acceptable for all types of corrections.

- Church Record/Baptismal Record
- Prenatal Records
- Insurance Policy
- W-2, I-9, or Similar Employment Record

- School Enrollment Record
- U.S. Passport
- U.S. Census Record
- Physician/Hospital Record
- Social Security Card and/or Numident Form
- State and/or Federal Tax Return
- Driver's License
- Military Record
- Voter ID Registration Card
- Certified Copy of Parent's Birth Certificate
- Certified Copy of Marriage Certificate or Statement
- Bank Statements
- Mother's Worksheet
- Facility Worksheet

### **Court Orders**

Major deficiencies on individual vital records shall be corrected by court order. The Bureau of Vital Records shall be furnished with a certified copy of an order from a court of competent jurisdiction directing them to make the desired correction. The order shall identify the record(s) as presently filed and direct the bureau as to the items to be corrected, amended, or changed.

Major deficiencies specifically requiring a court order are those that:

1. Amend year of birth on a birth record;
2. Amend a previously amended birth record corrected by court order, adoption, or legitimation;
3. Amend an item previously amended by affidavit;
4. Amend the date of birth on a birth record when adequate documentation before the eleventh birthday is not available;
5. Completely change the mother's name on a birth record;
6. Completely change, on the birth record, the name of the natural parent or add the name of a parent when deceased;
7. Change, on the birth record, the surname of the registrant or the surname of the father by changing three (3) or more letters, or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;
8. Change, on the death record, the surname of the deceased by changing three (3) or more letters or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;
9. Change both the sex and registrant's name when the name appears to be that typically used for the opposite sex;
10. Amend a written signature (amended signature will be typed);
11. Delete father's name on a legitimate birth record.
  - To delete the father's name from a birth certificate, the court order shall find that he is not the natural father and then direct the Bureau of Vital Records to delete his name from the birth record. If the court also finds the natural father and the mother have been legally married, the birth certificate can be legitimated by the same court order. The order shall give the date and place of marriage. The order also shall give the natural father's full name, date of birth, state of birth, race, Social Security number, and the natural mother's date of birth and Social Security number to establish a new birth certificate by legitimation. If the child's name is to be changed to the father's name, the order also shall indicate the name change.



**Processing a Correction**

The original certificate/office working copy of the birth, death, or fetal death shall have the correction entered on its face by interlineation with a line drawn through the incorrect entries. It shall be marked amended. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH,  
OR FETAL DEATH RECORD**

Save

Print

Reset

STATE FILE NUMBER

Completed by State

**STEP 1 - REVIEW INSTRUCTIONS**

**PRINT or TYPE** all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed** in the presence of a **notary public** by an individual legally authorized, per 19\_CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records**, 800 N. Illinois St., Jefferson City, MO 65101.

Provide information on the current vital record

Some requirements will be required. Some items are related to one item may require the correction of other related items. Items identified as major deficiencies, per 19\_CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies must be corrected by a court order.

To request a vital record, see reverse for instructions, visit: <http://www.health.mo.gov/vitalrecords>, or call 573-751-6387.

**STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT**

|                                                                                                                                    |                                                                        |                                                                    |                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| SELECT ONE:<br><input type="checkbox"/> BIRTH<br><input checked="" type="checkbox"/> DEATH<br><input type="checkbox"/> FETAL DEATH | FULL NAME ON RECORD<br>FIRST<br>JOHN<br>MIDDLE<br>DOE<br>LAST<br>SMITH | DATE OF BIRTH OR DEATH<br>MONTH<br>01<br>DAY<br>01<br>YEAR<br>2021 | SELECT ONE:<br><input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")**

|                                                      |                                                                    |                                                                     |
|------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| ITEM NO. OR ITEM NAME<br>#33                         | INSTEAD OF<br>PENDING INVESTIGATION                                | SHOULD READ<br>NATURAL                                              |
| ITEM NO. OR ITEM NAME                                | INSTEAD OF                                                         | SHOULD READ                                                         |
| ITEM NO. OR ITEM NAME<br>CERTIFIER'S MAILING ADDRESS | INSTEAD OF<br>123 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101 | SHOULD READ<br>321 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101 |
| ITEM NO. OR ITEM NAME                                | INSTEAD OF                                                         | SHOULD READ                                                         |
| ITEM NO. OR ITEM NAME<br>#28A.<br>#28B.              | INSTEAD OF<br>MYOCARDIAL INFARCTION<br>BLANK                       | SHOULD READ<br>ACUTE RESPIRATORY DISTRESS SYNDROME<br>PNEUMONIA     |
| ITEM NO. OR ITEM NAME<br>#28C.<br>#28 PART II        | INSTEAD OF<br>BLANK<br>BLANK                                       | SHOULD READ<br>COVID-19<br>ISCHEMIC STROKE                          |

Method 1 - For shorter correction  
(Completed on one line)

Method 2 - For longer correction  
(Completed on two lines)

Method 3 - For several corrections  
(Two corrections in each box)

**STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)**

|                                                                                                                                                       |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| AFFIANT'S FULL NAME<br>FIRST<br>SUSAN<br>MIDDLE<br>ANN<br>LAST<br>SMITH                                                                               | RELATIONSHIP TO REGISTRANT<br>MEDICAL EXAMINER |
| AFFIANT'S MAILING ADDRESS<br>NUMBER AND STREET AND/OR P.O. BOX<br>321 WEST MAIN STREET<br>CITY<br>JEFFERSON CITY<br>STATE<br>MISSOURI<br>ZIP<br>65101 | AFFIANT'S PHONE NUMBER<br>(573) 751-6387       |

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19\_CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)

Dates must match

DATE (MM/DD/YYYY)  
01/15/2021

|                                            |                                                                 |                                      |
|--------------------------------------------|-----------------------------------------------------------------|--------------------------------------|
| NOTARY PUBLIC BOSSER SEAL                  | STATE<br>MISSOURI                                               | COUNTY<br>COLE                       |
| MUST BE SIGNED IN THE PRESENCE OF A NOTARY | SUBSCRIBED AND SWORN BEFORE ME, THIS<br>15 DAY OF JANUARY 20 21 | USE RUBBER STAMP IN CLEAR AREA BELOW |
|                                            | NOTARY PUBLIC SIGNATURE<br>JANE SMITH                           |                                      |
|                                            | NOTARY PUBLIC NAME<br>JANE SMITH                                |                                      |

Completed by Notary

**FOR STATE USE ONLY**

|                                                              |                                                                        |                                   |
|--------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | IF APPROVED, DOCUMENT(S) PROVIDED |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE | PROCESSED BY                                                           |                                   |
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | Completed by State                |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE | PROCESSED BY                                                           |                                   |

MO 560-0645 (3-2021)

SEE REVERSE FOR INSTRUCTIONS

VS-460



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH,  
OR FETAL DEATH RECORD**

Save

Print

Reset

STATE FILE NUMBER

**STEP 1 - REVIEW INSTRUCTIONS**

**PRINT or TYPE** all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed** in the presence of a **notary public** by an individual legally authorized, per 19 CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records, 930 Wildwood Dr., Jefferson City, MO 65109**

Affidavits that do not meet these requirements will be **rejected**. Some items are related and correcting one item may require the correction of other related items. Some corrections are classified as major deficiencies, per 19 CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies require a certified court order to correct.

For more information on how to correct a vital record, see reverse for instructions, visit: <http://www.health.mo.gov/vitalrecords>, or call 573-751-6387.

**STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT**

|                                                                                                                         |                              |        |      |                                          |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| SELECT ONE:<br><input type="checkbox"/> BIRTH<br><input type="checkbox"/> DEATH<br><input type="checkbox"/> FETAL DEATH | FULL NAME ON RECORD<br>FIRST | MIDDLE | LAST | DATE OF BIRTH OR DEATH<br>MONTH DAY YEAR | SELECT ONE:<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|

**STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")**

|                       |            |             |
|-----------------------|------------|-------------|
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |

**STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)**

|                                                                                                                                                                                                                                                                                                 |        |                                       |                            |                                             |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------|----------------------------|---------------------------------------------|------------------------|
| AFFIANT'S FULL NAME<br>FIRST                                                                                                                                                                                                                                                                    | MIDDLE | LAST                                  | RELATIONSHIP TO REGISTRANT |                                             |                        |
| AFFIANT'S MAILING ADDRESS<br>NUMBER AND STREET AND/OR P.O. BOX                                                                                                                                                                                                                                  |        | CITY                                  | STATE                      | ZIP                                         | AFFIANT'S PHONE NUMBER |
| SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. |        |                                       |                            |                                             |                        |
| AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)                                                                                                                                                                                                                                  |        |                                       |                            |                                             | DATE (MM/DD/YYYY)      |
| NOTARY PUBLIC EMBOSSER SEAL                                                                                                                                                                                                                                                                     | STATE  |                                       | COUNTY                     |                                             |                        |
|                                                                                                                                                                                                                                                                                                 |        | SUBSCRIBED AND SWORN BEFORE ME, THIS  |                            | <b>USE RUBBER STAMP IN CLEAR AREA BELOW</b> |                        |
|                                                                                                                                                                                                                                                                                                 |        | DAY OF 20                             |                            |                                             |                        |
|                                                                                                                                                                                                                                                                                                 |        | NOTARY PUBLIC SIGNATURE               | MY COMMISSION EXPIRES      |                                             |                        |
|                                                                                                                                                                                                                                                                                                 |        | NOTARY PUBLIC NAME (TYPED OR PRINTED) |                            |                                             |                        |

**FOR STATE USE ONLY**

|                                                              |                                                                        |                                   |
|--------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | IF APPROVED, DOCUMENT(S) PROVIDED |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE |                                                                        | PROCESSED BY                      |
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | IF APPROVED, DOCUMENT(S) PROVIDED |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE |                                                                        | PROCESSED BY                      |

MO 580-0645 (3-2021)

SEE REVERSE FOR INSTRUCTIONS

VS-460

**AUTHORIZATION TO CREMATE TEMPLATE  
PUT ON FUNERAL HOME LETTERHEAD**

Date: \_\_\_\_\_

Due to the family's decision for cremation of \_\_\_\_\_, Missouri Revised Statutes (RSMo), Section 193.175.1 indicates, "...if the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation..."

Additionally, the Missouri Code of State Regulations indicates, "...if a completed death certificate cannot be filed because the cause of death has not been determined, a body shall not be cremated until written authorization from the...medical certifier is received by the funeral director..."

We would appreciate it if you would please sign the statement below that would authorize cremation until the official certificate of death is completed. Please fax it back to us at (\_\_\_\_) \_\_\_\_\_.

The statement will allow us to cremate in a timely manner according to the wishes of the family.

I, \_\_\_\_\_, do certify that I am the medical certifier of record and will  
PRINT NAME

Complete the cause of death and sign the official *Certificate of Death* for \_\_\_\_\_.  
NAME OF DECEASED This statement is to allow the family to proceed with the cremation and service plans.

\_\_\_\_\_  
Medical Certifier Signature

\_\_\_\_\_  
License Number (if applicable)

## Where to Find Forms

All vital records applications and forms can be found at <https://health.mo.gov/IVrecords/>

## Importance of Death Certificates

### Families

- Handle final disposition of the body
- Closing out business affairs of the decedent
- Terminate benefits before an overpayment is made
- Gain access to bank accounts
- Utilize life insurance policies
- Transfer property ownership
- Provide closure

### Public Health

- Leading cause of death – determine funding
- Life expectancy statistics
- Plan/evaluate myriad of critical programs

### Medical Field

- Determine where future research funding should be allocated
- Measure progress of medical interventions
- Measure health outcomes
- Monitor prevalence of disease

### Why We Do What We Do:

<https://health.mo.gov/data/vitalrecords/pdf/whywedowhatwedo.pdf>

## MO Electronic Vital Records (MoEVR) Steps to Certify Medical Information

- Log into MoEVR: <https://moevr.dhss.mo.gov/>
- Click on process under actions for the decedent
- Go directly to tab 7
- Verify time and date of death
- Answer the was ME/Coroner contacted and autopsy questions
- Click next
- Enter cause of death on tab 8 (avoid ill-defined causes of death without etiology)
- Click next
- Answer tobacco question
- Answer pregnancy question (if of birthing age 10-65)
- Select manner of death
- **Click on Finish**
- **Click on Save as Pending**
- **Click Return to Record**
- Go directly to tab 11 case actions
- Check box beside Medical Information Ready to be Certified; this will open up box below
- Check box beside Certify Medical Information
- Click on Finish
- Click on Save as Pending (ignore any warnings for funeral homes and state users)
- Once returned to the main menu the record will be gone from the queue

## **MO Electronic Vital Records (MoEVR) Steps to Decline to Certify Medical Information**

- Log into MoEVR: <https://moevr.dhss.mo.gov/>
- Click on process under actions for the decedent
- Go directly to tab 11
- If you choose, you may enter in the “comments among users box” at the top left a reason for declining to certify. Such as “this is not my patient”. If you know the correct physician you can list that information here.
- Check box beside “Decline to Certify”
- Click on Finish
- Click on Save as Pending (ignore any warnings for funeral homes and state users)
- Once returned to the main menu the record will be gone from the queue

## Training & Resources

Website for MoEVR Login: <https://moevr.dhss.mo.gov/>

Links & Information on this document can be found at:  
<https://health.mo.gov/data/vitalrecords/training/index.php>

The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners, and birthing facilities.

Therefore, **before utilizing MoEVR**, complete the following training modules.



[Module 1: Medical Certifier Rules and Regulations Training](#)  
[Module 2: MoEVR Login & Password Reset](#)  
[Module 3: MoEVR Medical Certification Process](#)  
[Module 4: Death Certificate Affidavit of Correction and Query Letters](#)  
[Module 5: MoEVR Knowledge Check](#)



The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record stakeholders. Field staff can also arrange for telephone/web conference training calls. If you are a vital record stakeholder (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, medical examiner/coroner, etc.) and would like to request personalized training or a private training session from the Missouri Bureau of Vital Records, **call 573-751-6387, option 4.**



According to the National Center for Health Statistics (NCHS), birth and death information is an important source of statistical data for identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. For these reasons, complete, accurate, and standardized reporting of vital events is critical.

Therefore, **before completing vital event data in Missouri**, review the [comprehensive training and instructional materials](#) made available by the National Center for Health Statistics.



**Website for MoEVR Login:** <https://moevr.dhss.mo.gov/>

**PHONE . E-MAIL . FAX**

P: (573) 751-6387, Option 4  
E: [MoEVRsupport@health.mo.gov](mailto:MoEVRsupport@health.mo.gov)  
F: (573) 526-3846

**MAILING . ADDRESS**

Missouri Department of  
Health and Senior Services  
Bureau of Vital Records  
930 Wildwood Drive  
Jefferson City, MO 65109



**MISSOURI ELECTRONIC VITAL RECORDS**

The Missouri Electronic Vital Records (MoEVR) system is designed to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services - Bureau of Vital Records. This system is for professional use only by entities such as hospitals/birthing facilities, attending physicians, funeral directors, medical examiners, coroners, and embalmers. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death, or reports of fetal death is punishable in accordance with Missouri statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death, or Report of Fetal Death for events occurring within the State of Missouri.

I understand that failure to adhere to the above agreement will result in loss of access to the MoEVR system. Any unauthorized access, misuse, and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

**LOGIN**



## Bureau of Vital Records Contact List

930 WILDWOOD DRIVE, JEFFERSON CITY, MO 65109 [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

| TEAM MEMBER                                                   | TITLE/SERVICE AREA                                | PHONE                                                                                                                | EMAIL                                                                                    |
|---------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Ken Palermo                                                   | State Registrar                                   | 573-522-2808                                                                                                         | <a href="mailto:ken.palermo@health.mo.gov">ken.palermo@health.mo.gov</a>                 |
| Joyce Luebbering                                              | Bureau Chief                                      | 573-526-4717                                                                                                         | <a href="mailto:joyce.luebbering@health.mo.gov">joyce.luebbering@health.mo.gov</a>       |
| Dylan Bryant                                                  | Deputy Bureau Chief                               | 573-526-1511                                                                                                         | <a href="mailto:dylan.bryant@health.mo.gov">dylan.bryant@health.mo.gov</a>               |
| Vacant                                                        | Public Health Program Specialist - North Region   | 573-751-6375                                                                                                         |                                                                                          |
| Eron Foster                                                   | Public Health Program Specialist - East Region    | 573-522-1712                                                                                                         | <a href="mailto:eron.foster@health.mo.gov">eron.foster@health.mo.gov</a>                 |
| Tammy Thrasher                                                | Public Health Program Specialist - Central Region | 573-751-9026                                                                                                         | <a href="mailto:tamara.thrasher@health.mo.gov">tamara.thrasher@health.mo.gov</a>         |
| Justin Milligan                                               | Public Health Program Specialist - South Region   | 573-751-1691                                                                                                         | <a href="mailto:justin.milligan@health.mo.gov">justin.milligan@health.mo.gov</a>         |
| Vacant                                                        | Public Health Program Specialist - West Region    | 573-522-3233                                                                                                         |                                                                                          |
| <b>Bureau of Vital Records Main Line</b>                      |                                                   | 573-751-6387                                                                                                         | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Certification Unit                                            | Issues Vital Records                              | 573-751-6387, Opt 1                                                                                                  | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Amendment Unit                                                | Corrects Vital Records                            | 573-751-6387, Opt 2                                                                                                  | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Central Processing Unit                                       | Registers Vital Records                           | 573-751-6387, Opt 3                                                                                                  | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Public Health Program Specialists                             | MoEVR/Stakeholder Support                         | 573-751-6387, Opt 4                                                                                                  | <a href="mailto:MoEVRsupport@health.mo.gov">MoEVRsupport@health.mo.gov</a>               |
| LPHA/County Dedicated Email Support (15 minute response time) |                                                   |                                                                                                                      | <a href="mailto:VitalRecordsSupport@health.mo.gov">VitalRecordsSupport@health.mo.gov</a> |
| <b>ITSD</b>                                                   | PROD/TN 3270 Help Desk                            | 573-751-6388                                                                                                         |                                                                                          |
| <b>To Order Supplies:</b>                                     | Fax request on agency letterhead or email         | FAX: 573-526-3846<br>Email: <a href="mailto:VitalRecordsSupport@health.mo.gov">VitalRecordsSupport@health.mo.gov</a> |                                                                                          |



930 Wildwood Drive  
Jefferson City, MO 65109  
573-751-6387, Option 4  
[www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

**Eron Foster**  
Public Health Program Specialist  
East Region  
573-522-1712  
[eron.foster@health.mo.gov](mailto:eron.foster@health.mo.gov)

**Vacant**  
Public Health Program Specialist  
West Region  
573-522-3233

**Justin Milligan**  
Public Health Program Specialist  
South Region  
573-751-1691  
[justin.milligan@health.mo.gov](mailto:justin.milligan@health.mo.gov)

| NORTH REGION |     | EAST REGION   |     | CENTRAL REGION |     | SOUTH REGION    |     | WEST REGION  |     |
|--------------|-----|---------------|-----|----------------|-----|-----------------|-----|--------------|-----|
| Vacant       |     | Eron Foster   |     | Tammy Thrasher |     | Justin Milligan |     | Vacant       |     |
| 573-751-6375 |     | 573-522-1712  |     | 573-751-9026   |     | 573-751-1691    |     | 573-522-3233 |     |
| ADAIR        | 1   | CRAWFORD      | 55  | AUDRAIN        | 7   | BOLLINGER       | 17  | BARRY        | 9   |
| ANDREW       | 3   | FRANKLIN      | 71  | BOONE          | 19  | BUTLER          | 23  | BARTON       | 11  |
| ATCHISON     | 5   | GASCONADE     | 73  | CALLAWAY       | 27  | CAPE GIRAR      | 31  | BATES        | 13  |
| BUCHANAN     | 21  | JEFFERSON     | 99  | CARROLL        | 33  | CARTER          | 35  | BENTON       | 15  |
| CALDWELL     | 25  | LINCOLN       | 113 | CASS           | 37  | DENT            | 65  | CAMDEN       | 29  |
| CLARK        | 45  | MARIES        | 125 | CHARITON       | 41  | DUNKLIN         | 69  | CEDAR        | 39  |
| CLINTON      | 49  | MONTGOMERY    | 139 | CLAY           | 47  | HOWELL          | 91  | CHRISTIAN    | 43  |
| DAVIESS      | 61  | OSAGE         | 151 | COLE           | 51  | IRON            | 93  | DADE         | 57  |
| DEKALB       | 63  | PERRY         | 157 | COOPER         | 53  | MADISON         | 123 | DALLAS       | 59  |
| GENTRY       | 75  | PHELPS        | 161 | HOWARD         | 89  | MISSISSIPPI     | 133 | DOUGLAS      | 67  |
| GRUNDY       | 79  | PIKE          | 163 | JACKSON        | 95  | NEW MADRID      | 143 | GREENE       | 77  |
| HARRISON     | 81  | PULASKI       | 169 | JOHNSON        | 101 | OREGON          | 149 | HENRY        | 83  |
| HOLT         | 87  | ST CHARLES    | 183 | KANSAS CITY    |     | PEMISCOT        | 155 | HICKORY      | 85  |
| KNOX         | 103 | ST FRANCOIS   | 187 | LAFAYETTE      | 107 | REYNOLDS        | 179 | JASPER       | 97  |
| LEWIS        | 111 | ST LOUIS      | 189 | MILLER         | 113 | RIPLEY          | 181 | JOPLIN CITY  |     |
| LINN         | 115 | ST LOUIS CITY | 510 | MONITEAU       | 135 | SCOTT           | 201 | LACLEDE      | 105 |
| LIVINGSTON   | 117 | STE GENEVIEVE | 193 | MONROE         | 137 | SHANNON         | 203 | LAWRENCE     | 109 |
| MACON        | 121 | WARREN        | 219 | MORGAN         | 141 | STODDARD        | 207 | MCDONALD     | 119 |
| MARION       | 127 | WASHINGTON    | 221 | PETTIS         | 159 | TEXAS           | 215 | NEWTON       | 145 |
| MERCER       | 129 |               |     | PLATTE         | 165 | WAYNE           | 223 | OZARK        | 153 |
| NODAWAY      | 147 |               |     | RALLS          | 173 |                 |     | POLK         | 167 |
| PUTNAM       | 171 |               |     | RANDOLPH       | 175 |                 |     | ST CLAIR     | 185 |
| SCHUYLER     | 197 |               |     | RAY            | 177 |                 |     | STONE        | 209 |
| SCOTLAND     | 199 |               |     | SALINE         | 195 |                 |     | TANEY        | 213 |
| SHELBY       | 205 |               |     |                |     |                 |     | VERNON       | 217 |
| SULLIVAN     | 211 |               |     |                |     |                 |     | WEBSTER      | 225 |
| WORTH        | 227 |               |     |                |     |                 |     | WRIGHT       | 229 |

# Bureau of Vital Records Training Evaluation

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1. Please rate the training you received today:

Excellent   Above Average   Average   Below Average   Poor

2. Do you feel the training was helpful in educating you and/or your staff in relation to what was asked of the field representative to provide? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

3. Were your questions answered in this training? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

4. How can we improve this training to better suit your needs?

5. How can the Bureau of Vital Records better serve you?